

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



August 3, 1999

ALL COUNTY INFORMATION NOTICE I-51-99

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CHIEF PROBATION OFFICERS  
 ALL COUNTY MENTAL HEALTH DIRECTORS  
 ALL COUNTY ICPC LIAISONS

SUBJECT: MULTIDISCIPLINARY TEAM (MDT) ASSESSMENT AND  
 RECOMMENDATION  
REVISED GUIDELINES AND REPORT FORMAT

**REASON FOR THIS TRANSMITTAL**

- State Law Changes
- Federal Law of Regulations Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

Attached are the revised MDT guidelines that were prepared in conjunction with the Chief Probation Officers of California, and the California Departments of Mental Health, Health Services and Education. These guidelines are applicable to both proposed out-of-state placements and to children currently in out-of-state placement.

We believe that these guidelines comply with the intent and spirit of Senate Bill 933 (Chapter 311, Statutes of 1998). By following these guidelines, it will ensure that children are appropriately assessed, treatment plans are unique and individualized, in-state alternatives are seriously considered, and the MDT decisions are properly documented.

The Out-of-State Placement Policy Unit (OSPPU) encourages county placement agencies to telephone them to schedule on-site training regarding the revised MDT guidelines. Should you desire additional information, please telephone Ms. Marika P. Wolf, Deputy Compact Administrator and Manager, OSPPU, at (916) 323-1000.

Sincerely,

*Original Signed by Wesley A. Beers  
 on August 3, 1999*

WESLEY A. BEERS, Acting Deputy Director  
 Children and Family Services Division

Attachment

c: CPOC  
 CWDA  
 Judicial Council  
 California Department of Mental Health  
 California Department of Health Services  
 California Department of Education

California Department of Social Services  
Children and Family Services Division  
Foster Care Branch  
**Out-of-State Placement Policy Unit**  
744 P Street – M/S 19-78  
Sacramento, CA 95814  
(916) 445-0813

**MULTIDISCIPLINARY TEAM (MDT) ASSESSMENT AND  
RECOMMENDATION  
REVISED GUIDELINES AND REPORT FORMAT  
As of July 13, 1999**

The subheadings (i.e., “Assessment of Child”) provide the MDT suggested report format. The bolded text is quoted directly from Division 31-066, *et. seq.* The italicized text are instructions to assist in the development of a MDT report. **These guidelines are applicable to both proposed out-of-state placements and to children currently in out-of-state placement<sup>1</sup>.**

**I. ASSESSMENT OF CHILD**

**Pursuant to Division 31, Section 31-066.41, an assessment of the child shall include the following:**

**A. A physical description.**

- *Describe of the physical characteristics of the child.*

**B. A current evaluation of behavioral, emotional, and social skills.**

- *Summarize the needs and strengths of the child based on the current evaluation completed within the last 90 days by a Practitioner of the Healing Arts (LPHA) which includes a psychologist, psychiatrist, LCSW, MSW, MFCC. Include any other evaluations such as discharge summaries by previous group homes. Attach a copy of all evaluations addressed in your summary.*
- *Is the child currently on any psychotropic medications? If yes, list the medications and the doctors who prescribed the medication.*

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<sup>1</sup> In addition to the MDT assessment and recommendation required for continued placement in an out-of-state facility, Welfare and Institution Code (WIC) Section 16508.1(d) requires that the placement agency review all existing cases of children who have been in out-of-home placement for at least fifteen of the last twenty-two months. The placement agency must recommend termination of parental rights per WIC Section 366.26 unless compelling reasons or conditions set forth in WIC Section 366.26(c)(1) apply.

**C. Relationships/interactions with parents, caregivers and peers.**

- *Describe the type of relationships and interactions the child has with his/her parents, caregivers and peers. This description should identify the needs and strengths.*

**D. Health (diagnosis, treatment, and prognosis).**

- *Describe the child's physical health. Include dates of last physical, dental exam, and subsequent appointments. Please include a list of chronic illnesses, genetic disorders, asthma, allergies, special diet, etc.*
- *List immediate medical and dental needs. Describe plan of treatment.*

**E. Education (grades, achievements, and classroom behavior).**

- *Does the child have a health and education passport? If so, attach a copy. If not, include pertinent information such as the last public school the child attended, current grade level, and any information deemed necessary for enrolling in school.*
- *Does the child have an Individual Education Plan (IEP)? If so, attach a copy of the most current IEP.*
- *Indicate history of school attendance, achievements (academic testing) and classroom behavior disclosed by parents, school district and/or placement worker.*

**F. Placement history (why in-state services or facilities were not adequate).**

**PACKETS WILL BE RETURNED IF THE FOLLOWING REQUIREMENTS ARE NOT MET:**

- *Submit the court order that includes a finding that the court has complied with Welfare and Institutions Code Section 727.1, Family Code Sections 7911.1, Section 7901, (Article 6) and MPP, Division 31, Section 31-066 et seq.*  
*(continued on next page)*

- *List every group home contacted and why the group home was not adequate to meet the child's needs.*
- *The placement agency must contact all Rate Classification Level (RCL) 13 and 14 programs in California that accept children from your county who meet criteria for a level 13 and 14 group home placement in California.*
- *Describe what services/resources the proposed out-of-state group home placement offers that meets this child's unique needs. Be specific.*

**G. Child's special needs, if any.**

- *For example, religion, culture, learning, and physical disabilities. Identify specific programs the child has received services from i.e., regional center, California Children Services Program, special education.*

**II. OUT-OF-STATE PLACEMENT ASSESSMENT**

**Pursuant to Division 31, Section 31-066.4, in assessing a child's need for an out-of-state placement the multidisciplinary team shall consider, but is not limited to, the following:**

- A. A review of the current circumstances precipitating the request for an out-of-state placement.**
- *Describe the specific circumstance that led to the proposed placement. Stating that the proposed placement is "court-ordered" is not acceptable unless the court order includes a finding that the court has complied with Welfare and Institutions Code 727.1, Family Code Sections 7911.1 and 7901, (Article 6) and MPP, Division 31, Section 31-066 et seq.*

**B. A review of the reasonable efforts/services provided prior to the placement of the child in foster care/or group home care or to make it possible for the child to return home.**

- *Identify the service(s) provided, and the duration of the service(s). For example, the child received weekly counseling services at “Youth Dynamics Agency,” from 8/1/97 until 8/1/98.*
- *Family members, immediate or extended, must be contacted as a potential placement. List family members, immediate or extended, who were contacted. Indicate the reasons why the placement was not appropriate.*
- *Discuss how the providers identified the child’s needs and strengths and developed the strategies for the child and family. This discussion should take place prior the multidisciplinary team meeting and should be documented in the case plan<sup>2</sup>.*

**C. Services provided to prevent an out-of-home placement.**

- *Identify the service(s) provided, and the duration of the service(s). For example, a child who has been neglected by the mother and the father is unknown, has not attended school in two years, acts out in the community by engaging in physical altercations and burglary. The resource “ABC Family Services,” provided intensive supervision, five days a week, three hours per day for six months that included parenting techniques/tools for the mother and behavior management for the child. Also, the placement worker served as an advocate for the child in regards to school needs. Furthermore, the child attended weekly counseling for one year.*
- *Describe the alternative approaches that have been tried. For example, a child is placed with paternal grandfather whom he has a close relationship. Services are provided to the grandfather i.e., financial, transportation and respite care.*

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<sup>2</sup> “Providers” may include previous placement staff, mental health, social services, education and CHDP staff.

**D. Current location of the child and length of time in placement.**

- *Indicate current location of child, date placed, and anticipated length of stay.*

**E. Situation and location of parents/siblings.**

- *Describe the situation of the immediate and extended family.*

**F. Descriptions of out-of-state placement resource(s) or type of placement resource being sought.**

- *List previous out-of-home placements. Include dates of placements and the reason the child was discharged. Discuss how the placement(s) did not meet the needs of the child.*
- *Based on the child's assessment, describe the group home program being sought regardless of in state or out of state. Be specific on how the program will meet the individual and unique needs of this child.*

**G. The child's attitude toward placement.**

- *Describe how you informed the child of the proposed placement and how s/he reacted to that decision.*
- *Describe how you informed the child of his/her placement resources.*

**H. Parent's attitude toward placement.**

- *Describe how the parents/caregiver were informed of your placement decision and how they reacted to that decision.*
- *Describe how the parents/caregiver were informed of all placement resources.*

### **III. DEVELOPMENT OF CHILD'S PLACEMENT PLAN**

**Pursuant to Division 31, Section 31-066.42 and 31-066.43** the following shall also be included:

**A. History of family including current functioning (education, employment, social and health).**

- *Describe the history and current functioning of the child's immediate family. Include parents/caregivers and siblings.*

**B. Permanent plan for the child.**

- *Describe permanent plan for child, i.e., emancipation, family reunification, and guardianship.*

**C. Current and anticipated involvement with child.**

- *For example, if the plan is reunification, describe the family reunification plan including visitation plan. Include frequency of telephone contact and visits from parent(s).*

**D. Documentation of other options available for the child (reunification, adoption, guardianship or preparation for independent living).**

- *Describe other options available for the child other than the one indicated in the permanent plan.*
- *If the child is sixteen years or older the child's case plan must include a transitional living plan.*

**E. Anticipated duration of the proposed placement.**

- *Describe the individual treatment goals to be achieved by the child and anticipated timeframe for these goals to be completed in order for the child to safely return home or to a lesser level of care.*

#### **F. Relationship of proposed placement to the permanent plan.**

- *Describe how the proposed placement supports permanent plan.*
- *Describe how adequate medical and dental needs will be covered when Medi-Cal does not apply or reimburse for the services.*
- *Describe how educational needs will continue to be met?*

#### **IV. ISSUES AND CONCERNS**

**Pursuant to Division 31, Section 31-066.431, Section 31-002(a)(5) defines “assessment” as a written document which contains information relevant to the case situation and an appraisal of case services needs.**

- *Describe the issues and concerns raised by the MDT members during assessment of the case. How were these issues resolved?*

#### **V. TEAM MEMBERS**

**Pursuant to Division 31, Section 31-066.2, “Multidisciplinary Team” means a team composed of county social services, county mental health, county probation, county superintendents of schools and other members to be determined by the county.**

- *A member from each discipline stated above must be represented on the MDT. List the name of each team member, title, agency affiliation and telephone number. A representative from the county superintendents of schools is acceptable.*
- *Additional members who could be considered may include immediate and extended family, county health and disability prevention (CHDP), community members (resources), and previous placement staff.*

#### **VI. SUMMARY**

Please summarize the justifications for the proposed out-of-state placement and how it will meet the unique needs of the child and family.